

Olive View Cardiologist in Race Against Time

By Michael Wilson



Olive View-UCLA Medical Center patient Maira Gutierrez grew up in El Canton Las Flores, El Salvador, a poor area high in the mountains and hours away from the nearest city. There was no electricity or running water in her grandmother’s adobe house. She and her sister didn’t go to school because of the civil war. Days were spent playing in the rain and with the animals. “I loved it, you couldn’t get up there without a 4x4 truck, it was beautiful, I miss it,” she says. Gutierrez, 42, later immigrated to the U.S., went to college, earned a nursing degree and started a family. When an executive position at Universal Studios opened up with normal hours and less emotional toll than her nursing job, she jumped at it. She remembers the day in 1997 that changed her life. “The company held a blood drive with the American Red Cross. Like other employees I decided to donate, it was my first time.” Four weeks later she got a letter from the Red Cross saying her blood couldn’t be used and to call an 800 number. The woman on the other end asked if she was alone. “I remember thinking this is bad, I thought I had AIDS,” she recalls. She tested positive for Chagas disease, a deadly but still widely unknown disease that is vexing because of its stealth nature: wreaking progressive damage to the body’s organs and cardiovascular system over decades, often with no symptoms. Without detection and treatment, persons are at risk for heart failure and sudden death, or stroke. Chagas disease is caused by a parasite transmitted by an insect indigenous to Mexico and Latin America. Called a kissing bug, the insect is active at night and tends to bite on the face or near the mouth, defecating as it bites. When a person scratches

the area, the parasite enters the bloodstream where it remains for 20 or more years. “The Red Cross sent me a brochure with a picture of a village house, the insect, and a child with a red swollen eye. As soon as I saw the house I knew. This was before social media or the internet, so I couldn’t go online to learn more. When I made an appointment with my doctor and told him I tested positive for Chagas, he said, “What’s that?” Gutierrez spent the next several years shuffling among providers who didn’t have the answers she needed. A story on the evening news in 2008 about Chagas and a doctor working at a public hospital in Sylmar provided the link she needed. “My sister called me screaming to turn on the TV. The story was ending but I scribbled down what I could.” Olive View-UCLA Medical Center cardiologist Sheba Meymandi, MD, runs a Chagas Center of Excellence at the hospital. “It’s important for people to get screened and treated because the disease is asymptomatic in the early and intermediate stages. Early treatment can cure or slow progression but making the intervention as early as possible is critical.” The younger the patient is the more successful the treatment. Global health care costs associated with Chagas exceed \$7 billion per year, with more than 10 percent of costs emanating from the USA and Canada, where Chagas disease has not been traditionally endemic. Bolivia, Brazil, Mexico, Argentina, Spain and Switzerland are hot spots, but any country with large numbers of immigrants from endemic areas or where at risk persons frequently travel to and from endemic areas are seeing rising numbers of cases. Current treatment involves use of two older drugs that essen-

A Message From the Director



Mitch Katz, MD

Wow, I have never heard of a voluntary survey getting as great a response as our workplace survey. Over 10,000 responses! (Okay the prizes donated by our labor partners helped, but it was your enthusiasm that made the day). The major take-home message to me from the survey was that our staff reverberate with our mission. Eighty seven percent of you agreed that you "like the kind of work" you do. That makes me feel so good. I love my job and the amazing people I work with and the patients we serve, and it makes me so happy that you all do too. Not to say there isn't room for improvement. The survey shows that we must do more to foster a culture of fairness and respect. In the coming months we will be discussing how we promote "a fair and just" culture throughout our organization. I look forward to discussing this more with you. I want everyone to feel empowered to speak their mind, have their ideas considered, and be treated (and treat others) with dignity. Best wishes.

Healthy Workplace Survey Draws Great Response

The first DHS-wide Employee Engagement Survey had a terrific response rate with more than 10,400 responses. Special mention goes to MLK Jr. Out-patient Center and Managed Care Services for exceeding 90% employee participation by response count. DHS' labor partners helped to market the survey with an incentive drawing of more than 100 gift cards and grand prizes. Please congratulate the Grand Prize Winners: Nanci Castellano, Patient Resources Worker (winner of a 50" LED TV); Marcya Holguin, Certified Medical Assistant (winner of an iPad); and, Jayne Kum, Departmental Civil Services Representative (winner of an Amazon Fire HD tablet). Most importantly, the feedback from the 2016 Survey will help all of us continue to build a healthy workplace. The DHS-wide results are posted and can be viewed on the [DHS Intranet](#). DHS facilities will also be receiving their facility-specific survey

(See 'SURVEY' on back)

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(‘CHAGAS’)

tially function like chemotherapy, but no promising new drugs are in the pipeline. Neither are guaranteed to work and patients can experience side effects. Medications are controlled and distributed through the Centers for Disease Control (CDC).

Chagas Primary Care Screening

Meymandi is now focused on making Chagas screening mandatory for all at-risk patients empaneled in DHS primary care medical homes. The Olive View Center would be the referral site for treatment and follow up. The immediate task is to educate DHS providers about the disease and develop expected practice. “Primary care screening is not only the right thing to do from a humanitarian perspective but also, very strongly, from an economic perspective. If we treat early, we prevent the

long term complications of Chagas, one of the leading causes of heart failure worldwide and the most expensive Diagnostic Related Group (DRG) in the U.S.” Despite aggressive treatment over eight years, Gutierrez’s recent radiology reports show progressive heart disease with more damage in the past year. The parasite has destroyed some of her heart and there is significant scarring issue and swelling. So far she doesn’t need a defibrillator, but an echocardiogram this month will provide insight into the next course of action. Gutierrez just returned from a trip to Argentina where she spoke about her illness. “We’re so lucky in the U.S. because we have information about the disease available for people and ways to reach them. In other countries they don’t even get the opportunity to learn. It’s important that people know what’s available and get treatment.” Watch a news story on Dr. Meymandi by [clicking here.](#)

(‘SURVEY’)

results. The survey respondents had the highest Agree/Strongly Agree ratings for:

- I like the kind of work I do (87%)
- I enjoy when my job requires me to do new things (87%)
- I understand my facility’s mission and how important my contribution is to it (81%)
- My facility is committed to improving services for our patients (79%)
- I have the skills and tools needed to perform my job effectively (79%)

Based on the statements with over a 20% rating of Disagree/Strongly Disagree, the greatest areas for growth are:

- fostering a culture of fairness, respect and high morale
- opening the lines of communication and encouraging employee suggestions in addressing operational issues



- creating avenues for staff to explore opportunities for professional growth

Going forward, DHS will be encouraging discussions between labor, management and front-line staff regarding the Survey results. There will be at least one DHS-wide engagement project and likely some facility projects launching in 2016. To support on-going communications, DHS Human Resources will periodically post updates on the Survey intranet site to “Help Us Build a Healthy Workplace.”

Roybal Hosts Healthcare Journalists

A group of 20 health journalists who work at news outlets all over the state visited the Roybal Health Center in March as part of a 6-month Fellowship and professional education program run by USC’s Center for Health Journalism. Dr. Michael Roybal joined other clinic providers to discuss health care services to undocumented and uninsured residents of California, providing insights on the challenges of connecting with and serving the residual uninsured and the newly insured with little experience with preventive insurance. The 2016 California Fellows cohort includes journalists reporting for daily newspapers and TV and radio stations throughout California, including KPCC, Eastern Group Publications, the Orange County Register, the Los Angeles Sentinel/Watts Times, KPBS,



and New America Media. For six months after the Fellowship, participants work on ambitious explanatory or investigative health reporting projects. The site visits offer an opportunity for safety net providers to shape how the journalists think about health care.



WOMEN’S CHOICE AWARD®
THE VOICE OF WOMEN

Women’s Choice: LAC+USC Medical Center

By Michael Wilson

LAC+USC Medical Center is the recipient of a 2016 Women’s Choice Award (WCA) as one of America’s Best Hospitals for Patient Safety. LAC+USC was one of 462 hospitals nationwide to earn the recognition based on exceptional performance in limiting hospital-associated infections and complications from surgery and medical treatment.

“LAC+USC is proud to be recognized for our continuing pursuit of patient safety and quality of care,” said Dan Castillo, the hospital’s chief executive. “This designation is another step closer towards our goal of being the provider of choice in the community.” U.S. hospitals are scored on 11 reportable safety measures including deaths among patients with serious treatable complications after surgery, serious blood clots after surgery, a wound that splits open after surgery on the abdomen or pelvis, central line-associated blood stream infections (CLABSI), Surgical Site Infection from colon surgery, Methicillin-resistant Staphylococcus Aureus (MRSA), and bloodstream infections. The WCA is the only patient safety award that identifies the country’s best healthcare institutions based on criteria that considers female patient satisfaction and clinical excellence.

“We honor LAC+USC Medical Center for being named and recognized as a hospital of choice among women,” said Delia Passi, WCA founder and chief executive officer, “because it represents the strongest and most important consumer message in today’s healthcare marketplace when considering that women account for 90% of all healthcare decisions. Improving patient safety is not only a matter of error prevention, it’s a focused effort to create the safest patient experience.” U.S. hospitals are eliminated from consideration if they do not report on at least four of the surgical complication and infection measures or implement safe surgery checklists. From remaining eligible hospitals, the WCA averages rankings for all measures and includes only those facilities that averaged in the top half nationally.

For more information, visit the [Women’s Choice Award official website.](#)